SEC 1972 (6/99)

Potential persons who are to respond to the collection c in this form are not required to respond unless the form valid OMB control number.



ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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3											

Name of Offering (check if this is a indicate change.) Puronyx, Inc.	n amendment ai	nd name has char	ged, and	ig, gant til stad det til sensen sken sede fill af en den blandere skele kritiske i skele kritiske i det vidde	ramenement i sub
Filing Under (Check box(es) that apply):	[] <u>Rule 50</u> 4	4 [] <u>Rule 505</u>	[X] Rule 506	[] Section 4(6)	[]ULOE
Type of Filing: [X] New Filing [] Amendment				
	A. BASIC IDE	NTIFICATION DA	TA		
Enter the information requested	about the issuer	-			
Name of Issuer (check if this is an Puronyx, Inc.	amendment and	I name has change	ed, and indiciate o	hange.)	mirrodor
Address of Executive Offices (Including Area Code) 9853 Pacific Heights Boulevard,	•	reet, City, State, Z ego, California 9:			PROCEO-
Address of Principal Business Ope Number (Including Area Code) (if different from Executive Offices)	·	er and Street, City	, State, Zip Code)	Telephone (PROCESSE OCT 2 1 2005
Brief Description of Business Medical product development				F	HOMSON INANCIAL
Type of Business Organization					nathanous
[X] corporation	[] limited pa	artnership, already	formed	[] other (please	specify):
[] business trust	[] limited pa	artnership, to be fo	rmed		
		N	fonth Year		
Actual or Estimated Date of Incorpo	oration or Organ	ization: [0	5] [1999]	[X] Actual] Estimated
Jurisdiction of Incorporation or Org		r two-letter U.S. Po nada; FN for othe			

GENERAL INSTRUCTIONS



Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Sebastian, Leslie Business or Residence Address (Number and Street, City, State, Zip Code) 9853 Pacific Heights Boulevard, Suite L, San Diego, California 92121 Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) CI Secured Income Fund, LP Business or Residence Address (Number and Street, City, State, Zip Code) 350 South Center Street, Suite 500, Reno, Nevada 89501 Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) International Medical Systems, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 350 South Center Street, Suite 500, Reno, Nevada 89501 Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Maturna, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 350 South Center Street, Suite 500, Reno, Nevada 89501 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Stern, Peter Business or Residence Address (Number and Street, City, State, Zip Code) 9853 Pacific Heights Boulevard, Suite L, San Diego, CA 92121

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers

Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partr
Full Name (Last name first, if individual) Integra Management, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code) 10509 Vista Sorrento Parkway, Suite 301, San Diego, California 92121
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partr
Full Name (Last name first, if individual) Puronyx, LLC
Business or Residence Address (Number and Street, City, State, Zip Code) 350 South Center Street, Suite 500, Reno, Nevada 89501
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partr
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partr
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partr
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

				B. INFO	RMATIO	N ABOUT	OFFERI	NG				
	the issug?	er sold, o	or does th	e issuer ir	ntend to s	ell, to nor	n-accredit	ed investo	ors in this		Yes N	o (}
				Answer a	lso in App	endix, C	olumn 2, i	f filing und	der ULOE.			
2. Wha	at is the r	minimum	investme	nt that wil	I be acce	pted from	any indiv	vidual?		••	•	o* to a limited of exceptions
3. Doe	s the off	ering peri	mit joint o	wnership	of a singl	e unit?		***************************************			Yes No [X]	
indirect sales of broker dealer.	tly, any o of securit or deale . If more	commissing in the register than five	on or sime offering. The offering of the offer	ilar remur If a persone SEC ar ns to be l	neration fo in to be list ad/or with	or solicitat sted is an a state o associate	tion of pur associate r states, li d persons	rchasers i ed person ist the nar	or given, on connection or agent of the base of the ba	on with of a proker or		
	ame (Las re Capit		rst, if indi	vidual)								
					and Street), San Die			ode)				
Name	of Assoc	iated Bro	ker or De	aler								
					d or Inten		icit Purcha	asers		[]	All States	3
[AL]	[AK]	X [AZ]	[AR]	X [CA]	X [CO]	[CT]	[DE]	[DC]	X [FL]	X [GA]	X [HI]	X [ID]
X [IL]	X [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	X [MA]	X [MI]	[MN]	[MS]	[MO]
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Name	of Assoc	iated Bro	ker or De	aler								
					d or Inten es)		icit Purcha	asers		[]	All States	5
(AL)	[AK]	[AZ]	[AR]	[CA]	, [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Las	t name fi	rst, if indi	vidual)								
Busine	ss or Re	sidence /	Address (Number a	and Street	t, City, St	ate, Zip C	ode)				
Name	of Assoc	iated Bro	ker or De	aler								
					d or Inten		icit Purcha	asers		[]	All States	3
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[/ (Z)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security Debt	Aggregate Offering Price \$0- \$0- \$0- \$0- \$ _2,100,000* *Plus a \$147,000	Amount Alread Sold \$ -0- \$ -0- \$ -0- \$ 525,075 greenshoe
indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount
Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.	Number Investors 30 -0-	
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering Rule 505 Regulation A Rule 504 Total	-0- -0- -0- -0- -0-	Dollar Amount Sold \$0- \$0- \$0-
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the se amounts relating solely to organization expenses of the issuer. The information may be given as s amount of an expenditure is not known, furnish an estimate and check the box to the left of the est Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)	ubject to future cont	ingencies. If the

Transfer Agent's Fees	[] \$
Printing and Engraving Costs	[X] \$ <u>5,000</u>
Legal Fees	[X] \$ <u>40,000</u>
Accounting Fees	[X] \$ 40,000
Engineering Fees	[] \$
Sales Commissions (specify finders' fees separately)	[X] \$ <u>210,000</u>
Other Expenses (identify)Due Diligence	[X] \$ <u>42,000</u>
Other Expenses (identify) Non-accountable expense allowance	[X] \$ <u>63,000</u>
Other Expenses (identify) Consulting, marketing and other costs	[X] \$ <u>20,000</u>
Total	\$ 420,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." .

\$	1,680,000
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5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery	Officers, Directors, & Affiliates [X] \$200,000	Payments To Others [] \$ [] \$
and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$
Repayment of indebtedness	[]\$	[X] \$ <u>262,500</u>
Working capital	[]\$	[X] \$ <u>1,000,000</u>
Other (specify): Product development and marketing	[}\$	[X] \$ <u>217,500</u>
	[]\$	[]\$
Column Totals	[]\$	[]\$
Total Payments Listed (column totals added)	[X]\$	1,680,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type)	Signature	Date
Puronyx, Inc.	()	October 12, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	data da 18 a 18 a 18 a 18 9 - Additionale not te administrativa da 18 a da completada and accombined title fil
Leslie Sebastian	Chief Executive Officer	

¥	ATTENTION	
	Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.	- desdean
1	1001.)	

E. STATE SIGNATURE

- 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

 See Appendix, Column 5, for state response.

 Yes No

 [] [X]
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Puronyx, Inc.	The state of the s	October 12, 2005
Name of Signer (Print or Type)	Title (Print or Type)	erkkoldet tekteralene er er men kjunkt krenel i er stip i des i eller des inn stit beske år des eks krenel et d
Leslie Sebastian	Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

State Yes No	1	Intend to non-accinvestors (Part B-I	o sell credited in State	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
AL	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No	
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